

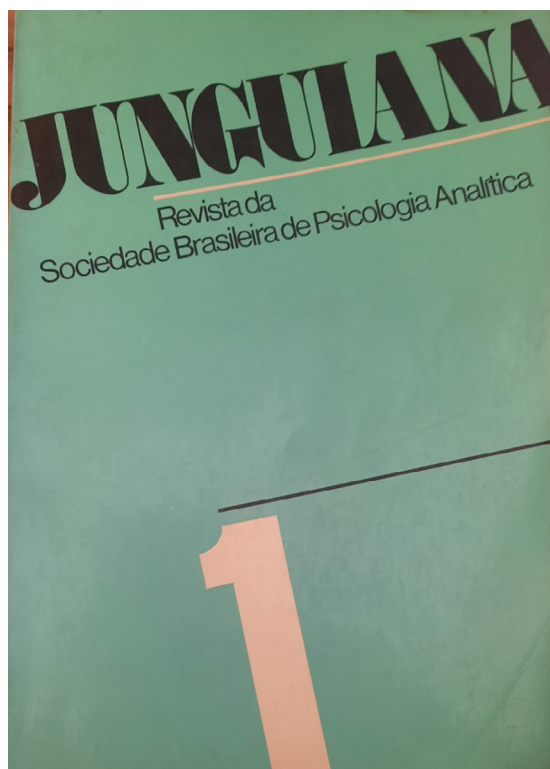
The archetypal image of the wounded healer¹

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Introduction – healing

To RE-EXAMINE the concept of healing might at first appear to be a task so broad and complex as to be inadvisable, since the implied goal of all medical, psychiatric and analytical procedures have it as their central concern. Yet at a time when modern medicine is suffering from ever-increasing specialization it would seem well worthwhile to search out again the roots and origins of the healing process.

Psychotherapy and analysis too, though in a different manner, have focused on healing in a very diffuse, and at times abstract way, so such



¹ This article was originally published in Journal of Analytical Psychology, 20, 2, 122-145, © 1975, The Society of Analytical Psychology. Publisher: John Wiley & Sons (<https://doi.org/10.1111/j.1465-5922.1975.00122.x>).

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a review might help those of us involved in both to have a clearer picture of our work. After all, every time a patient or an analysand comes to us he is most urgently seeking help to be healed from whatever he suffers. I am reminded of the professor in medical school who said over and over that one of the reasons why medicine is in trouble today is because doctors often do not take care of the chief complaint of the patient, while simultaneously performing all sorts of “other miracles”.

Interestingly, there are among others, two basic principles of healing upon which most modern therapeutic systems are based. The first is, “allopathy, defined as a system of medical treatment using remedies that produce effects upon the body *different* from those produced by the disease”. The second is homeopathy, “that branch of medicine which deals with the investigation and application of the simile phenomenon or law of similars, i.e., the set of symptoms and signs a drug produces, i.e., *similia, similibus, curantur, like is cured by like*”. “The set of symptoms and signs a drug produces in healthy persons when present as in illness, may be brought back to normal by the same drug; (inverse reactions of drugs)”. Or “a system of medical treatment based on a theory that certain diseases can be cured by giving very small doses of drugs which in a healthy person and in large doses would produce symptoms like those of the disease” (BLAKISTON apud HAERE, OSOL, 1956). Though it would appear that modern medical and psychiatric therapies utilize both these principles, or set of opposites, in their approaches (e.g. cancer chemotherapy (allopathy) versus giving smallpox vaccine for the prevention and control of infectious disease (homeopathy); it must be said that increasingly reliance has

been more and more on allopathic procedures than on homeopathic.

Even in psychiatry and psychotherapy, allopathic forms of treatment have been prominent, most notably in psychopharmacology, where the intent is to produce effects opposite to the disease, e.g. “suppress the symptoms of psychosis”. On the other hand, depth psychology, beginning with Freud and psychoanalysis, developed mainly with reliance on a homeopathic approach, i.e. the reliving or re-experiencing in small doses of emotionally traumatic experiences whereby psychic integration or healing could take place, and “blocks in development” could be removed. A general review of Jung’s approach to the healing process reveals a heavy emphasis on the homeopathic point of view, i.e. the cure comes from “finding a meaning to the illness”, or the “symptoms are integrated into a meaningful totality” (MEIER, 1967, p. 128).

The homeopathic principle can be noted in the dream of a modern young woman. “I dreamed a good friend’s mother had come alive and died again. Someone said it was from an overdose of drugs in the bloodstream. My friend said, What was going to cure her killed her. Too late, already dead.” It would seem then, that with a heavy emphasis on allopathic means of cure in general medicine, the contributions of depth psychology with a more homeopathic emphasis might well be considered a compensation to restore a needed balance.

Another aspect of homeopathy little understood is that emphasis of treating not a single sign or symptom but the “totality of signs or symptoms a patient presents with, i.e., the principle of totality of symptoms” (BLAKISTON apud HAERE; OSOL, 1956). Therefore from the homeopathic point of view, the totality of the patient’s life must be taken into account, more so, possi-

bly, than with an allopathic viewpoint. One of the most psychologically destructive aspects of “miracle producing, modern medical procedures” is the specialization and splitting up of approaches to the patient wherein any consideration of him as a totality is lost.

Exploring homeopathic aspects, then, of psychotherapeutic cure will be one intention of this essay. More specifically, an attempt will be made to re-examine the intra-psychic aspects of the healing process, especially in the context of the transference between doctor (analyst) and patient. The archetypal elements in this process will especially be emphasized. Many age-old questions will be considered: How does healing occur? Who and what promotes it? What are the optimal attributes for those entering the professions of healing, especially psychotherapy? Though it be readily admitted that healing is, in the final analysis, a mystery, scrutinizing what transpires in the process may help us become more competent assistants and participants in the ritual.

First, the myth of Asclepius, paradigm of the wounded healer, is to be reviewed. Next, theoretical views of the transference will be examined with particular emphasis on the archetypal aspects. Then, a specific application of the archetypal image of the wounded healer to a particular view of the transference will be elaborated. Finally, case material to illustrate the above will be presented.

Asclepius, archetypal image of the wounded healer

Meier, in a review of ancient healing practised in the temples of Asclepius, noted that in ancient times when someone was sick the answer was “not a human, but a divine physician” (MEIER, 1967, p. 4). “The reason for this was that classical man saw sickness as the effect of a divine action, which could be cured only by a god or another divine action. Thus a clear form of homeopathy, the divine sickness being cast out by the divine remedy, was practised in the clinics

of antiquity. When sickness is vested with such dignity, it has the inestimable advantage that it can be vested with a healing power. The *divina afflictio* then contains its own diagnosis, therapy and prognosis, provided of course that the right attitude toward it is adopted. This right attitude was made possible by the cult, which simply consisted in leaving the entire art of healing to the divine physician. *He* was the sickness *and* the remedy. These two conceptions were identical. Because he was the sickness, he himself was afflicted (wounded or persecuted like Asclepius or Trophonius), and because he was the divine patient he also knew the way to healing. To such a god the oracle of Apollo applies: “He who wounds also heals” (MEIER, 1967, p. 5).

The origins of Asclepius as the wounded healer are described by GRAVES (1955, p. 173-177), MEIER (1967, p. 24-8), and KERÉNYI (1959). In the Epidaurus account, Apollo unites with Coronis who in turn gives birth to a child. She at once exposes him on Mount Titthion, famous for the medicinal virtues of its plants. There he is suckled by goats. In addition, he is guarded by a dog. When he is found by the keeper of the goats, a voice is heard proclaiming over land and sea that the newborn babe will discover every cure for the sick and will waken the dead. In a sense, Asclepius is the procreative Apollo, faring up from out of the mother, both dark and bright. Asclepius then, is that aspect of light and knowledge, i.e. the rational side of medicine and healing. In another version Coronis is pregnant with Asclepius by Apollo. However, she has an affair with Ischys and when news of this comes to Apollo he has her slain. Just before the death of Coronis, on the funeral pyre, Apollo becomes remorseful and rescues his unborn son by a caesarian section. This reflects again the origin of the principle “He who sent death gave life.” Thereafter, Asclepius is sent to Chiron, the centaur, to bring him up. Chiron is already known and versed in the art of healing and dwells in a cave in the heights of Pelion, a mountain. Kerényi states,

All in all Chiron, the wounded divine physician... seems to be the most contradictory figure in all Greek mythology. Although he is a Greek god, he suffers an incurable wound. Moreover his nature combines the animal and the Apollonian, for despite his horse's body, mark of the fecund and destructive creatures of nature that centaurs are otherwise known to be, he instructs heroes in medicine and music (KERENYI, 1959, p. 96-97).

In a sense then, those qualities that make up Asclepius consist of those of his father Apollo, the light rational side of medicine, and those of his teacher and adopted father, Chiron, the dark or irrational side. Kerényi continues:

In Chiron's half of the world lay Lake Boibeis at the foot of Mount Pelion and, beneath his cave, the valley of Pelethronion, famed for its profusion of medicinal herbs. In this valley Asclepius, under Chiron's tutelage, familiarized himself with the plants and their secret powers – and with the snake. Here, too, grew the plant named “kentaureion” or “chironion”, alleged to cure all snake bites and even the poisoned arrow wound from which Chiron himself suffered. The tragic view, however, was that Chiron's wound was incurable. Thus Chiron's world, with its inexhaustible possibilities of cure, remained a world of eternal sickness. And even aside from this suffering his cave, sits of a chthonic subterranean cult, was an entrance to the underworld.

The picture to which all these elements, religious and poetic, give rise is unique. The half-human, half-theriomorphic god suffers eternally from his wound; he carries it with him to the underworld as though the primordial science that this mythological physician, precursor of the luminous divine physician,

embodied for men of later times, were nothing other than the knowledge of a wound in which the healer forever partakes (KERENYI, 1959, p. 98-99).

The serpent then became associated with Asclepius in his healing powers mainly because of its “keen sight and by its power of rejuvenating itself” (MEIER, 1967, p. 27). That is, casting away its skin symbolizes becoming free from illness. Getting rid of an illness was the equivalent of “putting on the new man”. As Meier states, “The serpents were regarded by the ancients as a symbol of the renewal of life” (MEIER, 1967, p. 77). For this reason they were connected closely with the water of life. The water and springs seemed to be associated with Asclepian cures as practised at his temples. The staff of Asclepius which is associated with the tree later came to have a snake coiled about it. As Henderson points out, the staff of Asclepius has only a single snake entwined about it, symbolizing transcendence and rebirth. The caduceus, however, mistakenly referred to by the medical profession as the staff of Asclepius, was a winged staff of two entwined snakes in sexual union and symbolized the god Hermes (HENDERSON, 1964). The dog, the horse, the Gorgon (dog-headed serpent) as well as a young boy were all significant attendants to Asclepius when he effected cures. His wife and his daughter also accompanied him. In addition, touching of the afflicted part was also very important. Meier states, “Apollo as a healing god, also uses the gesture of stretching out his hand over the sick person” (MEIER, 1967, p. 40). Healing by a touch of the hand is also implied in the name of Chiron. The word Chiron is the root word for surgery, i.e. “with the hand”. (From the Greek *chirurgia*, “working with the hands”.)

How then were cures effected? According to Meier and Kerényi, the following took place. Through the process of incubation, the patient seeking a cure would go into the innermost part of the temple, the abaton, and await a healing dream. In the dream, the god himself would

touch the diseased part and thus effect a cure. Many times the god, however, would appear in the form of an animal, i.e. as a snake. (KERÉNYI, 1959, p. 32-33) describes a case:

A man's toe was cured by a snake. This man was very ill with a malignant abscess of the toe. By day he was taken outside by servants and made to sit in a chair. When sleep overtook him a snake came from the innermost chamber of the sanctuary, cured his toe with its tongue, and having done so withdrew. When he woke up healed, he said he had beheld a vision; he had dreamed that a comely youth had applied a salve to his toe.

As Kerényi states, "The vision of the beautiful young healer appearing while the patient's toe is being cured by the snake is a kind of dream within a dream, an amplification reaching out for a still deeper meaning – the immediate experience of the divine in the natural miracle of healing" (KERÉNYI 1959, p. 34). Snakes were present in the actual temples of Asclepius and thus provided the right ambience for the cure. Another example, a reproduction of a votive relief from Archinos, shows how, "the invalid dreams that the god is performing an operation on him, but then in the background it is seen that the patient is being licked by a snake" (p. 36). Again, an infertile woman who came to Epidaurus to be impregnated by the god "slept in the sanctuary in order to be filled with progeny and beheld a dream. She dreamed that the god had come to her, followed by a snake with which she copulated. And within a year she gave birth to two boys" (p. 41). These children were considered the sons of Asclepius. In another instance, "A cripple is healed because Asclepius in a dream circumambulates (him) three times in a horse-drawn chariot and then lets the horse trample on his paralyzed limbs" (MEIER 1967, p. 28). In another example of significance, and of a forerunner for the idea of transference,

"An Epidaurian example of transference to the bandages may be found in Miracle VI:

Pandarus, a Thessalian, had marks on his forehead. In his healing sleep he saw a vision. He dreamed that the God bound up the marks with a bandage and commanded him, when he left the sacred hall, to take off the bandage and dedicate it to the temple. When day came, he rose and took off the bandage, and found his face free from the marks; but the bandage he dedicated in the temple, it bore the marks of the forehead."

Apparently bandages were also hung from the trees that were in the healing temples, in order that the disease might be transferred to the tree (MEIER, 1967, p. 81-82). Meier's belief is that the meaning of the word "transference" apparently originated from this idea (p. 82).

Dynamics of the healing process

How does the healing process as described in Asclepian cures help us in relationship constellation healing? Some aspects of the myth of Asclepius understanding what transpires today? What elements in the doctor-patient appear to be particularly important.

As stated before, in the valley, Asclepius, under Chiron's tutelage, learned of the medicinal powers of herbs and especially "chironion", which cured snake bites (KERÉNYI 1959, pp. 98-99). Allegedly, it could cure even the poisoned arrow wound which Chiron had suffered from Hercules. The tragic aspect was that Chiron's wound was incurable. His cure was not to be. This paradox, that he who cures over and over, yet remains eternally ill or wounded himself, appears at the heart of the mystery of healing. In fact, the underlying principle of this mystery is, "nothing other than knowledge of a wound in which the healer forever partakes" (p. 99).

Two points emerge from this: firstly, why does the healer have to have knowledge (awareness)

of his own wound; why does he need to share it again and again to effect the cure? Does this have a relationship to knowledge of, and participation in, the wounds of the patient? (Diagnosis and therapy?).

Secondly, the myth of Asclepius is reflected in our day in the doctor-patient relationship as an archetypal aspect of the transference.

Guggenbühl-Craig suggests that there is a “healer-patient” archetype activated each time a person becomes ill. The sick person seeks an external healer or doctor, but the intra-psychic or “inner healer” or “healing factor” is also energized. Wounds or illnesses cannot heal, even though the external healer may be very competent, without the action of the “inner healer” (GUGGENBÜHL-CRAIG 1971, p. 89-91). (It is remarkable to note the large number of people who still die of pneumonia, though pneumonia is “curable”.) It is often said “His inner resistance broke down” or “He didn’t want to get well.” From an archetypal point of view it is his inner healer who is not functioning. Guggenbühl states the position as follows: “Psychologically this means not only that the patient has a physician within himself but also that there is a patient in the doctor” (p. 91).

The patient looks for an outer healer or physician. The physician-healer looks for patients, as that is his vocation. He presents himself with all the authority of his profession, training, skills, reputation, license, etc. Because of his illness, the patient activates his “inner physician or healer”. This, however, is not integrated into consciousness, but is projected onto and constellated by the persona of the doctor. So, too, in the doctor, his inner wounded side, his own unresolved illnesses, psychic, somatic or both are activated by his contact with the sick person. This opposite side of the archetypal image is projected onto the patient, rather than being contained within himself.

If the relationship remains like this, no movement to a real cure occurs, though outward remedies,

physical and psychological, are applied. Real cure can only take place if the patient gets in touch with and receives help from his “inner healer”. And this can only happen if projections of the healer’s persona is withdrawn. This presupposes that the physician-healer is in touch with his own wounded side. If the projection remains, both doctor and patient attempt, as Guggenbühl elucidates, to “heal the split through power” (GUGGENBÜHL-CRAIG, 1971, p. 94-95). Each attempts to manipulate the other to conform to stereotyped roles. There is, however, a need for restoration of balance (homeostasis) within the polarity of the archetypal images, in one manner or another, otherwise the physician’s shadow problems can be activated, as Guggenbühl describes (p. 125-126).

The doctor stays well at the expense of the patient staying ill. There remains a block at both doctor and patient integrating their unconscious sides. This condition may, in many instances, be the explanation of the increasingly strained relations between doctor and patient in modern medical practice. A common complaint in malpractice suits is that promised “services” or “cures” were never fulfilled. The image of the doctor as “miracle worker” tends to promote this situation. The expectation that the person of the outer “healer”, even with all his technology, can heal as well as, or in lieu of, the “inner healer” is a grand miscalculation. At a deeper level, too, the doctor may be sustaining the mutual projections to fulfil a primitive law of the talion within his own unconscious. That is, to deny his own wounds, illnesses and vulnerability, he says to himself, “If he (the patient) stays ill, I stay well; illness will not touch me.” Caplan sites an example of this (CAPLAN, 1970). Through manipulation, overt and covert, the doctor then attempts to “heal the split” of the archetypal image within himself via projection to the patient. The patient likewise participates in hopes of a “miracle cure”. It is striking, for example, to note the case-loads of some

doctors, filled with cases of only a few types or with the most seriously disturbed. The doctor then attempts to “manipulate the cure” to fulfil his inflated role, but, at a deeper level, to heal himself; and all this from a safe distance.

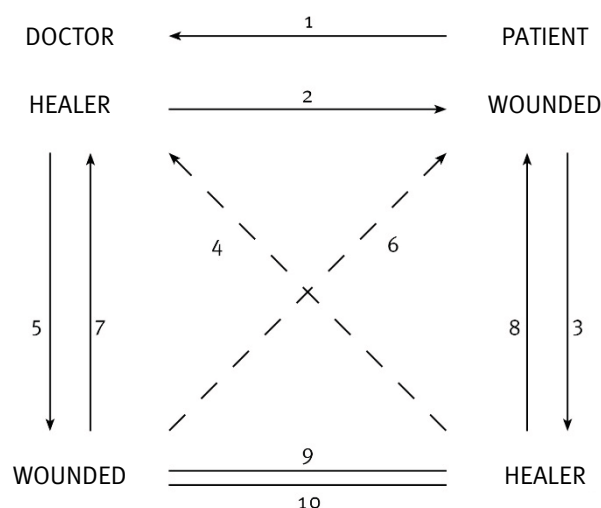
When the cure is slow in appearing therapeutic efforts are increased in tempo and frequency, often in an inconsistent way. This belies almost unconscious anxieties that the treatment will fail. But, the spurious hope of the doctor is that the illness will stay with the patient and not touch his person. Through “manipulations” or “management”, there is reassurance of some feeling of mastery, albeit in a vicarious way. It is a counter-phobic defense: “I got close to the danger of illness and it didn’t touch me.” When things go wrong, the cry is heard, that patient is incurable; I’ve done everything God could have done, and they are still sick!” A common, growing example of this is when drugs and medications of all kinds are given increasingly to deny the growing realization of the absence of real cure and change. For example, a young woman who was suffering from various physical maladies was helped successfully by a physician. Finally, treatment for her migraine headaches

was attempted with medications. When these did not work, she asked him for more and more narcotic medication and he gave it to her. When she suggested a psychological approach, he rejected it. Finally, their unconscious collusion in a growing problem of drug dependency and addiction escalated into a problem more serious than the migraine headaches. She stated, “As long as I never questioned him, he’d refill the narcotic prescription as often as I wanted.” One researcher notes that some physicians have *above* average fears concerning death and illness (FEIFEL, 1965). Going into medicine was an intellectual way of denying but trying to control these realities; hence, their need to cure is very great. It helps to avoid ever seeing the shadowy, wounded side of themselves, as well as the periphery of their own limitations.

However, in order to withdraw the mutual projections something has to be worked out.

How do doctor and patient get in touch with their complementary unconscious roles, so that projections fall away, and the “inner healer” of the patient can be activated. A good physician has at least some *un*anxious feelings about the illness he treats. By his general training

Figure 1. Diagram 1



Source: Groesbeck (1975)

and work he has “depotentiated” his anxiety about illness, and is acquainted with its natural course. In addition, he is able to energize hope by his professional persona. With the above attributes he helps the patient let the inner healer do his work. This is the basis of most reassurance utilized in good medical-psychiatric treatment of short duration.

In analytic psychotherapy, where presumably deeper and more far-reaching change is sought, other parameters appear to operate. In analysis, the analyst-healer must be in touch with his unconscious side, and may thus even become a guide for the patient’s inner healer. But how does this process occur? It would appear that the *unconscious* communications of analyst and patient play a crucial role.

Jung, in *The psychology of the transference*, outlined in great detail how this might happen (JUNG, 1946, p. 133-338).

Jung emphasizes that the process of transformation and change go on *primarily* in the unconscious. He emphasizes that it is the *unconscious relationship* between analyst and patient that determines the outcome (p. 261). Also, note that he stresses the archetypal aspects of the (animus and anima) figures involved, and that *assuming too personalistic identification is erroneous and dangerous*. Meier also alludes to this in his recent discussion of psychological types and individuation (MEIER, 1968). He adds that it is at this same deep level that parapsychological phenomena occur.

Jung then goes on to follow the development of these archetypal images through the ten plates of the alchemical opus. As he states above, there is a trans-subjective union” of these two archetypal figures. This union via death, gives birth to the winged figure *filius philosophorum* also called a “Christ- symbol” (JUNG, 1946, p. 308). In psychological language this is a manifestation of the self.

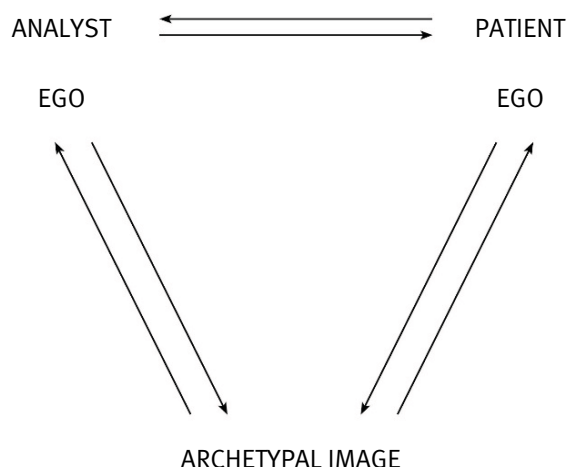
In essence, the analytic process has reached a point where a “Third Being Personified” or “Third Thing” has entered the relationship and

will be crucial in the change and development of the participants. Jung further states (p. 309) that the *lapis* (or *filius philosophorum*) is the cosmogenic First Man... It is the Uroboros, the serpent that fertilizes and gives birth to itself” (p. 309). He goes on to say that the symbol was a paradox, “best described in terms of opposites”. What is significant for present purposes is that Jung describes a moving, flowing process in the transference where change can occur. A “Third Person” or Archetypal Image with its polarity of opposites stands between the participants. The Figure 2 opposite illustrates this.

The system now becomes primarily “of the three” rather than “the four”. The “three” represents the system in motion with polarity, and current, whereas “the four is of stability and wholeness” (JUNG 1946; MEIER 1959) developed in some detail Jung’s view of the transference involving the archetypal image as a “third factor”. After discussion of mutual projection in the subject and object, i.e. analyst and patient, he focuses on the process of interpreting these projections. “The analyst pushes deeper and deeper into the object, so that the “cut” between subject and object (analyst and patient) is moved further and further into the latter.” The analyst’s insight becomes “so intimate that he cannot tell whether he is still dealing with the object or partly with himself” (MEIER, 1959, p. 30). Finally, this process goes so far that one is unable to determine the source of the images (MEIER, 1959, p. 30). Hence, the hypothesis that a personified, archetypal image is present *between* the two parties is developed. The hypothesis of the collective unconscious or objective psyche is empirically derived (p. 30).

Meier continues: “characteristically, however, we are operating all the time in a system which constellates a *third quantity* for (analyst and patient), *an object which acts for both of them*”. This archetypal image “has two effects: 1. It increases the patient’s consciousness in particular and rouses the powers of healing in

Figure 2. Diagram 2



Source: Groesbeck (1975)

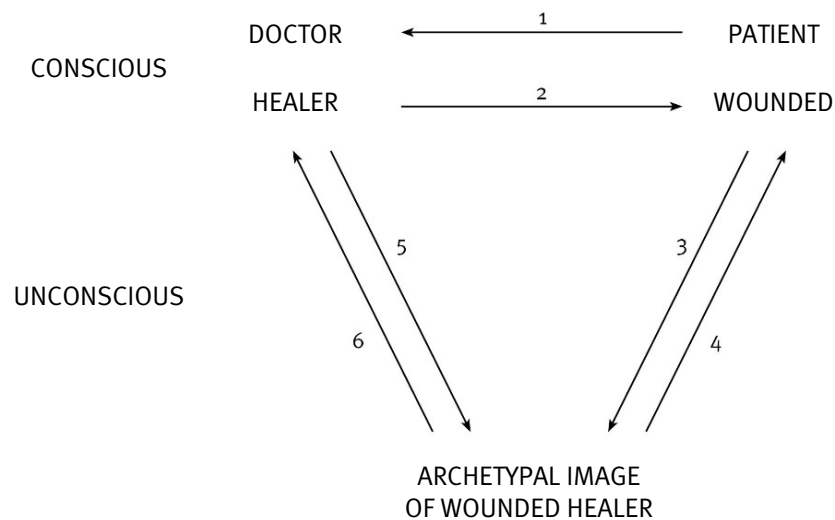
him. 2. It has a reactive effect on the collective unconscious, so that the original image changes or other images appear... "This sets up a movement... because it seems to follow an inherent pattern, Jung has called the individuation process" (p. 30-1).

What form this "Third quantity" or archetypal image will take is quite variable. The self in its limitless forms can be constellated. Henderson discusses several common important manifestations of this in his paper on the resolution of the transference (HENDERSON, 1954). He discusses manifestations of the self in forms of a precious stone, the image of God, or a "symbolic friendship". What is significant for this discussion is that out of the transference is constellated "a third or higher quantity", that is central to the healing process.

Jung, Meier and Henderson all focus on the triadic system of the transference as the vehicle for individuation. How might this view of the transference shed light on the healing process, especially in connection with the archetypal image of the wounded healer? Meier states (above) that the reactive interplay of patient and archetypal image "rouses in him (patient) the powers of healing" (MEIER, 1959,

p. 30). How, more specifically, does this occur? Also, what happens within the analyst? We may now postulate what happens if a deep and thorough-going analytic cure takes place. Not only must there be the withdrawal of projections, between the two participants, for healing to occur, but there must be contact by the patient, at a deep level, of the archetype of the wounded healer. Could it be as Jung said, about "The animus and the anima" (JUNG 1946, p. 261) in the alchemical conjunction, that the *main process in healing at a deep level is the "trans-subjective union" and experience of opposite poles of the archetypal image of the wounded healer*? If this is so, it would now give deeper and clearer understanding as to why the analytic physician himself must "have knowledge of, and participate, in his own incurable wounds", similarly as in the primordial mystery of healing that has come down to us from the myth of Asclepius (KERÉNYI, 1959, p. 98-99). For if the patient is to experience fully this archetypal image in a dynamic way, the analyst must show him the way. And, this can happen only if the analyst first has courage to experience these powerful archetypal contents. The process could occur as follows:

Figure 3. Diagram 3



Source: Groesbeck (1975)

Analyst and patient meet consciously (1 and 2). Each is identified with only one aspect of the wounded-healer image: doctor with healer, and patient with the wounded side. At an unconscious level, it could also be said that the archetypal image is quiescent and each participant again only identifies with one pole of the image.

However, in the analytic process, a dynamic relationship develops.

The analyst “takes on” the patient’s illness or wounds, and also begins to experience more fully the wounded aspect of the archetypal image. This in turn activates his own wounds or vulnerability to illness on a personal level and/or in its connection with the wounded-healer archetypal image. (These connections, 5, 6, 7, 8, 9, 10, often cannot at first be distinguished, as Meier states) (MEIER, 1959, p. 29).

Meier explains why the analyst *must* deal intensively with the archetypal elements in the transference (p. 32). He also describes a famous case, published by Robert Lindner, an analyst who worked with an atomic physicist who had serious delusions. Treatment was ineffective until Lindner finally “entered into” the delusional system of the patient. Lindner himself developed

alarming symptoms, which in time freed the patient who was able to stand off from his system and the illness disappeared (p. 32). Meier describes Lindner as “catching the archetypal contents of the collective unconscious by diverting the effects from the patient to himself” (p. 32).

This process is not a little demanding. Jaspers (1964) states: “In psychotherapy the demand for the personal involvement of the doctor is so heavy that complete gratification only occurs in isolated cases, if at all. V. Weizacker formulated the demand as follows: “Only when the doctor has been deeply touched by the illness, infected by it, excited, frightened, shaken, only when it has been transferred to him, continues in him and is referred to himself by his own consciousness – only then and to that extent can he deal with it successfully” (JASPERS, 1964). Later he states clearly, “Responsible psychiatrists will turn *their own psychology*, the psychology of the doctor, into an object *for their conscious reflection*” (JASPERS, 1964). The analyst is then ready to reexperience dynamically the healer aspect of the archetype (5) and in this way the phenomenon of wholeness or cure may become effective. If an analyst avoids this painful process he cannot tru-

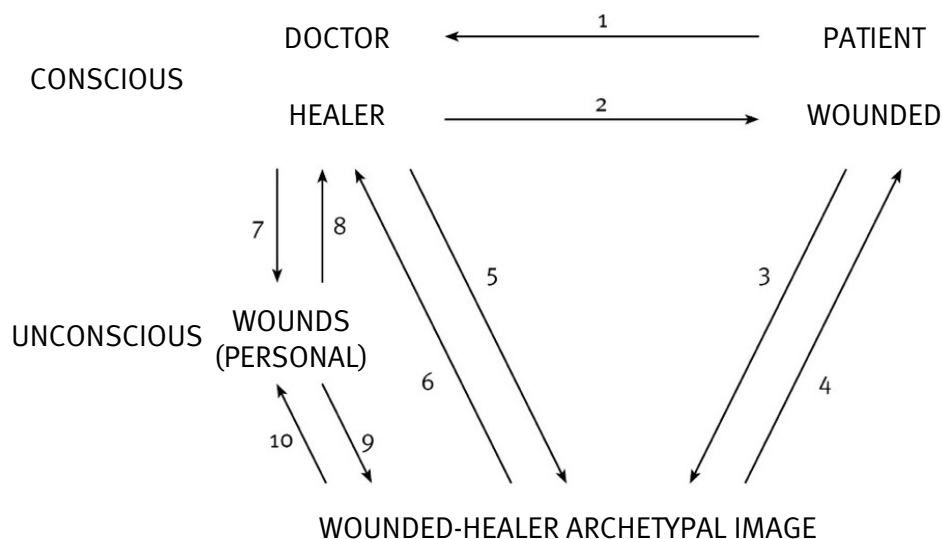
ly be said to be a “wounded healer”. “There are, however, genuine “wounded healers” among analysts; they are therapists in whom the archetype is not split. They are, so to speak, themselves constantly being analyzed and illumined by their patients. Such an analyst recognizes time and again how the patient’s difficulties constellate his own problems and vice versa, and he therefore openly works not only on the patient, but on himself. He remains forever a patient as well as a healer” (GUGGENBÜHL-CRAIG, 1971, p. 129-130).

The question of how deeply involved the analyst should become in taking upon himself the illness of the patient does not admit of an easy answer. While he must get close enough to be involved, activated and aware of his own wounds to catalyse the process (as described), he must also be aware of the dangers of inflation as well as his limitations, including the possibility of his own death and demise. It is precisely the archetypal image of the wounded healer that can most help him here. If one “leaves the healing to God”, he is much better off. In fact it was God who brought the illness, and hence knows the cure. Hence, though one must be in-

volved deeply, paradoxically, one must not be over-zealous in trying to cure. Jung’s own personal physician, who treated him for a heart attack, got into grave difficulty because of this. Jung had a heart attack; while in treatment he was unconscious and had a series of visions. He felt sure he was ready to die; because he was in the “primal form”, a state of ultimate exaltation and “readiness to experience all”. Then he saw his own Dr H. personified also in a “primal form” as a “*basileus* (King) of Kos”. That is, he was personified as a healing figure associated with the temple of Asklepios at Kos (wounded healer). He brought the message from earth that Jung could not yet die. Jung was angry at this, feeling he was ready to go.

Finally, after a struggle, he was brought back, and began to recover from the illness. He then feared for the life of Dr H., as he would have to die in his, Jung’s stead; being that in the vision Dr H. was also in a “primal form”, a state ready for the certainty of death. On the day Jung got out of bed, apparently Dr H. took ill and never recovered! Jung had tried to warn Dr H., but apparently he would not discuss it.

Figure 4. Diagram 4



Source: Groesbeck (1975)

Here, the archetypal wounded healer was ready to intercede for Jung and save his life. Could it be that Dr H. identified too closely with the need to heal Jung and bring him back to life? In the vision Dr H. is literally the Asclepian healer, king of Kos. He is so identified with this “third, archetypal figure” that differentiation of the personal from the transpersonal figure is not apparent (JUNG, 1963).

Or, could it be that Dr H. was ready to die himself and thus be identified with the “ultimate healer”? Kerényi states: “According to the poems and legends that tell us of Eurypylos, son of Telephos, it was Machaon, among the sons of Asclepios, who in a manner of speaking succeeded his father in his darker aspect, his connection with death. He is the earthly counterpart to the heavenly Paieon. The physician of the gods on Olympus is purely a healer; he has nothing to do with killing. But the best physician on earth is a hero who *wounds, heals, and is fatally smitten*” (my italics) (KERÉNYI, 1959, p. 84). Also, it must be remembered that Asclepius was killed by Zeus for bringing too many people back to life (GRAVES, 1955, p. 175). He became a God precisely because he was an “ultimate healer”, i.e. he gave his own life for his patient’s!

According to Dr Joseph Henderson (personal communication), Dr H. was a general physician who was the epitome of the physician-healer. Dr Henderson himself consulted Dr H. for medical help on one occasion, and stated there was “the utmost feeling of personal attention and concern communicated”. It was as though “the patient was the most important person in the world”. Jung and Dr H. were close, according to Dr Henderson, and undoubtedly Dr H.’s deep identification with being the ultimate healer would have extended to Jung when ill. However that may be, Dr H.’s synchronistic death following Jung’s recovery leaves many unanswered questions.

Jung states in another place:

It is a typical occupational hazard of the psychotherapist to become psychically

infected and poisoned by the projections to which he is exposed. He has to be continually on his guard against inflation. But the poison does not only affect him psychologically; it may even disturb his sympathetic system. I have observed quite a number of the most extraordinary cases of physical illness among psychotherapists, illness which does not fit in with the known medical symptomatology, and which I ascribe to the effect of this continuous *onslaught of projections* from which the analyst *does not discriminate his own psychology*. The peculiar emotional condition of the patient does have a contagious effect. One could almost say it arouses similar vibrations in the nervous system of the analyst, and therefore, like alienists, psychotherapists are apt to become a little queer. One should bear that problem in mind. It very definitely belongs to the problem of transference. (my italics) (JUNG, 1968, p. 172-173).

Jung further describes the “psychic infections” that constantly beset the doctor (JUNG, 1946, p. 176-177). The unconscious fascination of doctor to patient activate these dangerous contents, and even “hiding behind the “persona medici” will not save one”. It is precisely in this blindness, he states, that “the illness will get transferred to the doctor”. He then soberly warns that each healer who enters the field must be well aware of his own instinctive disposition as to *why* he chose the field in the first place. It is known that physicians have a higher rate of suicide than peers in other fields, and that among physicians, psychiatrists have the highest rates of all. Could it be that psychiatrists are simply not prepared psychologically with their own self-knowledge to deal adequately with what comes their way? Jung says, “The doctor knows – or at least he should know – that he did not choose this career by chance; and the psychotherapist in particular should clearly un-

derstand that psychic infections... are the predestined concomitants of his work, and thus fully in accord with the instinctive disposition of his own life" (p. 177).

Freud also stated: "For it is not greatly to the advantage of patients if their physician's therapeutic interest has too marked an emotional emphasis. They are best helped if he carries out his task coolly and keeping as closely as possible to the rules" (FREUD, 1927).

Moving now to the patient's side, the following would appear to take place (Figure 5).

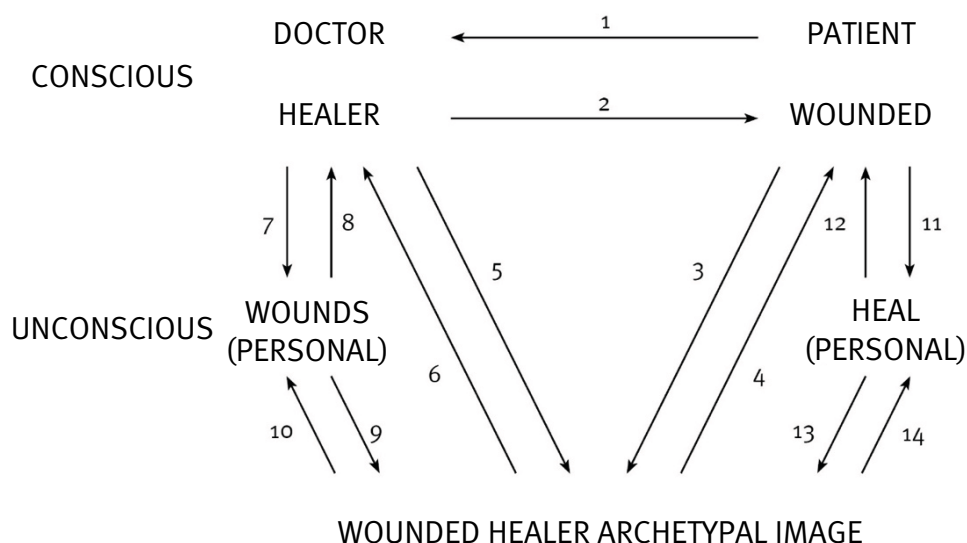
The patient "takes on" the healing strengths of the analyst (2) and also begins to experience the "healer" contents of the archetypal image (4). This in turn activates his own personal powers of healing and strengths (11, 12). (Though, again, as Meier described, it is often difficult at first to separate these images and memories from the archetypal contents (13, 14). The patient now begins to participate *actively* in the healing process. He is able to "stand off" and get a new perspective. He starts to participate in the cure himself. He is energized in relation to the (3) wounded contents *again* of the "in-

ner healer" and the experience of wholeness is constellated.

An example of this is that of a young woman who had recently begun analysis. She dreamed:

I'm seeing my analyst in my home; he is lying on the bed (couch), and I am on a rocking chair beside him. I fell ill, he is interpreting my dreams. Suddenly I awaken, startled to see it is 6 p.m. instead of 5 p.m., at which time I'm supposed to see my analyst. I then see him on the bed, he smiles understandingly, and I realize that I had dropped off into a fitful sleep while he was talking to me in the middle of my session. We try again, but then I realize that *he* is ill, vomits to the side of the bed, and I hasten to help him. After soothing him, I begin to clean up and he objects. I answer that it is okay, I'm a nurse and used to such things. We are suddenly surrounded by helpers who seem anxious to attend to him; especially attentive is a young, pretty girl with short brown hair, delicate skin, and an older woman, a secretary. I know

Figure 5. Diagram 5



Source: Groesbeck (1975)

that I am an interloper of sorts; others in his life are more meaningful, even are “present” in our sessions.

Associations were as follows: “He, the physician, is a tall, strong man, greying hair, craggy face and features, as though a woodman. But he is also attractive, gentle, sensitive, sort of ageless, full of wisdom, and I care much for him.” She recognized, in reflecting on the dream, certain differences between the inner “wounded physician” and her “outer analyst”. The most striking difference of these was that the “inner healer was both a woodman strong, capable and able to perform physical, earthy, hard work; while at the same time appearing much at home in the “inner spiritual world”, sensitive, ageless and full of wisdom. He had the image of wholeness, yet was ill and in need of healing.

Her outer analyst, though having in common the spiritual qualities of the “inner healer”, did not portray those same qualities of earthiness. He appeared far more ascetic. In the dream, she begins to help the wounded physician as a nurse, which in fact she was. Here her own latent, healing powers were being constellated. From then on she more consciously participated in the therapeutic process. This case illustrates the “third party” presence of the archetypal image of the wounded physician, and its clear differentiation from the personal, outer analyst-physician.

Referring to the earlier example of Jung, when he had a heart attack and was apparently saved by his physician, Dr H., one sees a dimension similar to that of the young woman-nurse in the above dream, i.e. Jung, by the vision he had, returned to his role of analyst-spiritual healer for his own doctor, by having a precognitive revelation that Dr H.’s life was in danger. (Henderson, personal communication.) Hence, Jung got his attention away from himself and onto the concern of what might befall Dr H. who now, sense, was “Jung’s patient”. Apparently, Jung sought to talk to Dr H. but could not (JUNG, 1963). This

undoubtedly roused the powers of healing within Jung himself, much as it appeared to do for the young nurse above. Of course in Jung’s case the sticky problem of doctors healing doctors is raised. It is well known that doctors are the most difficult patients to treat.

Case n.º 1

A 44-year-old woman with a history of her fourth divorce associated with intense psycho-physiologic symptoms, dreamed that: “She was on her way to the hospital, but prior to reaching it saw a huge snake come at her and bite her right breast. Her current husband came with pliers to extract the snake. He did not succeed.”

She reflected on the dream and feared. She associated to the story of Adam and Eve who were afflicted by the serpent. She felt it portrayed evil. Following this, however, as before she felt her physical symptoms would “mainly be cured through medications or surgery”. Three months later a persistent pain and mass developed in her right breast. She immediately associated to the dream. Medical evaluation revealed no alarming disease process. Interpretation was directed to helping her see she had a need, as Eve of old, to become more conscious through the bite of the serpent. The serpent here would represent the wounding side of the archetypal image. Till she could become more conscious via wounding healing could not occur. As Adler has said, “To be wounded means also to have the healing power activated in us; or might we possibly say that without being wounded one would never meet just this healing power? Might we even go as far as to say that the very purpose of the wound is to make us aware of the healing power in us?” (ADLER, 1956, p. 18).

Case n.º 2

A 28-year-old young woman with serious psychological symptoms and suffering from a true dissociation of personality decided rather impulsively to move to another city and thus terminate

therapy. She had only begun to work in analysis for a few months and a good start had been made. She then had the following dream:

She was in a snake pit and there were monstrous Snakes all about her, Most of them had the names of men that had tormented her and had influenced her development destructively in sexual and other ways. Some of the snakes were around her neck and in her ears, suffocating her. Above the snake pit stood another part of her, a shadow figure who was laughing, also sitting up above was her doctor. He was doing nothing to help her, only saying "Ho hum, I see what's happening".

She interpreted this dream as a warning as to what would happen if she left her analytic work. Here it could be said that the archetypal image of the wounded physician in the form of the snakes was inflicting again, as in the previous case, illness in the form of suffocation to warn her what would happen if she did not continue on in the analytic process. Yet her doctor (healer aspect) was awaiting her.

Case n.º 3

A 41-year-old woman had been working for a year and a half in her analytic work suffering from a severe depression with the tremendous burden of raising six children after a bitter divorce from her alcoholic husband. After many ups and downs she finally began to have some dreams indicating new possibilities of hope. She had this dream:

She, her 19-year-old daughter, and a friend the same age as the patient, all had new babies. They even moved to a new house on a hill. However, the police came after them and took the patient's baby away. The baby the patient had was six weeks old. When the policeman took it he said, "This baby will be taken from you for four

months." This saddened her deeply in the dream. She felt it was such an important time for a child to grow. She then left the house and went walking down by a long creek. Somehow she got near the water and then snakes of an unknown kind began thrashing about, coming toward her. One bit her on the left hand on the lateral aspect of the palm. She began holding her hand when suddenly an unknown stranger came by of rather dark appearance stating, "I am going to help you now."

Her only associations to the dream were that she hated snakes and she may have had emotional deprivation at an early age. The dream appeared to point to the time in her life when she may have received some severe emotional trauma, i.e. between the ages of six weeks and six months. Here the wounded healer is inflicting a physical wound in order to get her in touch with the "emotional wounds" she has suffered as a baby. In addition, the wound sets up a situation whereby "an unknown healer" will help. Up to this point the patient had nearly lost all hope of improvement. It was of significance that for the first time the patient recalled that her mother had a hand deformed by polio and had borne many of the similar burdens the patient, in her adult life, had been called upon to bear.

Case n.º 4

A twenty-one-year-old, single girl was brought into analysis because of her suffering from severe asthma as well as multiple emotional conflicts. Her relationship to her doctor in the psychotherapeutic situation was stormy and difficult. She would find it extremely unsettling to reveal herself and look at the frightening memories of her past as well as her dreams. One day, in the early part of therapy, she had a dream:

She was in her doctor's office, but things were very different; suddenly he changed into a distorted frightening figure. She

became very frightened after a series of complex images and was finally in a room adjacent to his office that held a dentist's chair. The doctor's secretary was there trying to put a tube in a vein in her neck which induced in her complete terror. She was told this was "necessary to see if she were really faking".

Here the patient is seen to be overwhelmed at even the prospects of healing. The wounded healer and assistant appear to be only figures so terrible and frightening that the concern is only to wound. Not long after this she had another dream: A snake came out of the woods in the forest where a girl was sitting, and bit her on the neck. She then attempted in the dream to take the venom out of her own neck, but it was extremely difficult. She felt isolated and lonely with only weak efforts at finding a way of possible cure. Interestingly, her own neck was the very spot where she suffered most severely from her asthma; that is, her attacks of suffocation when she could not breathe and had to be hospitalized. Shortly thereafter a further dream occurred: She was hurrying to the hospital in an attempt to find a doctor who could give her a machine in order to breathe. This, too, was a haunting and frightening experience.

Not long after this she had another dream: She was again in her doctor's office but this time lying on his couch. She started to get up and he said "No, stay there," but she said "Yes" and sat up. He began to talk about his son and something about his age. Here the image of the wounded healer is now becoming somewhat more accepting and less threatening.

Shortly after this she dreamed that she was again with her doctor only he had made a home visit to her. She was going to sleep on the couch and he was going to sit at the head of her couch and rock in a rocking chair while she got rest from the little children she was caring for.

In these two dreams the motif of incubation as practised in the ancient temples of Asclepius

appears. Also the image of the wounded healer appears in a less frightening way than previously. Her actual dealings with her actual doctor also became more calmed and she began to work more effectively in the analytic process.

Next, she had another dream in which she felt that she was very strongly massaging the neck of her doctor. He stated to her in the dream that it was being done too hard, i.e. with too much pressure. Suddenly she noticed that the second finger on her left hand was cut and wondered how that had happened without her knowing it.

It is of significance that, at that time in therapy, she felt that her doctor was truly listening more than ever before. Interestingly she associated the cut on her finger to the severed middle finger of her doctor's right hand. Here in this dream she was beginning to identify more closely with the doctor and at an archetypal level she may have been attempting to massage too hard or trying too inappropriately to "manipulate" those aspects of her illness that she wished to cure, i.e. the neck from which her coughing and suffocation arose. That is, the wounded physician is complaining that her efforts are too strenuous and misplaced.

Somewhat later than this she had another dream in which a dark-haired, unknown doctor whom she really liked was using an instrument to look at her eyes. It took a long time and it began to hurt. He finally said, "If the skin is tender I have to do it this way." She said, "I'm glad you're different. Most doctors glance at you and say yep, everything is fine." Something was wrong with her left eye and he was making careful examination in order to treat it.

Here she is beginning now to truly co-operate in the healing process. The wounded healer is having to inflict pain upon her, but to the higher purpose of healing. Through associations it appeared that her ability to gain insights (defective eyesight in the dream) into herself were indeed wanting.

In the next dream she was with her doctor who explained, much to her surprise, that he

had always had to sit in the most uncomfortable chair while she had the easy one during analytic sessions. He also stated that he always got a headache after each session. This made her feel very bad. She wanted to help him in some way. Suddenly he began coughing and this alarmed her even more.

In this dream the patient is beginning to see the wounded side of the healer himself. Interestingly, during that period some of her own symptoms of asthma began to decrease and she began to feel confident for the first time that possibly her asthma would lessen. Also of importance was that her doctor began to experience subjectively more symptoms of coughing.

Several months later, she dreamt she again (as in many dreams before) had excruciating pain in her tooth. She felt it had an abscess and took a knife and cut it out. Out came three men and a baby. The three men were (in associations), her father who loved her, her boyfriend who needed her, and her doctor who accepted her. The baby was herself. Then, in the dream, the three men took guns and put them to the necks of three other men and killed them. Her neck had always been her area of vulnerability. The three men killed were dark, shadowy figures intent on damaging her.

Finally, several weeks later, and at a time when she was able to lessen the dose of a drug for treatment of the asthma and the number of attacks had decreased, she dreamed:

Two unknown doctors, a young black one and a sixty-year-old white one, called on her. They wanted her to come to the clinic that night. The older doctor spoke of her asthma and remarked it was terrible she had not spoken of it for so long. She wondered if they knew of Dr G., her analyst; and whether she should mention him. She told the doctor she did not go to the medical clinic because a Dr B. (her actual medical doctor) had yelled at her and a Dr M. "wasn't nice either". They "did not want

her to be their patient", she explained. The two unknown doctors left. She wondered if she could keep the appointment with them.

We see two unknown doctors, archetypal images of the wounded physician, are, in a friendly way, attending to her illness. Coincidentally (or synchronistically) her own Dr G. dreamt, the same night as the above dream, that one of his own teeth was falling out with much old dried blood emerging. His associations were to the patient. It appeared that her woundedness was being transferred to him, as she began to improve.

It is felt that this case illustrated in many different ways how the archetypal image of the wounded healer may function in the transference between doctor and patient.

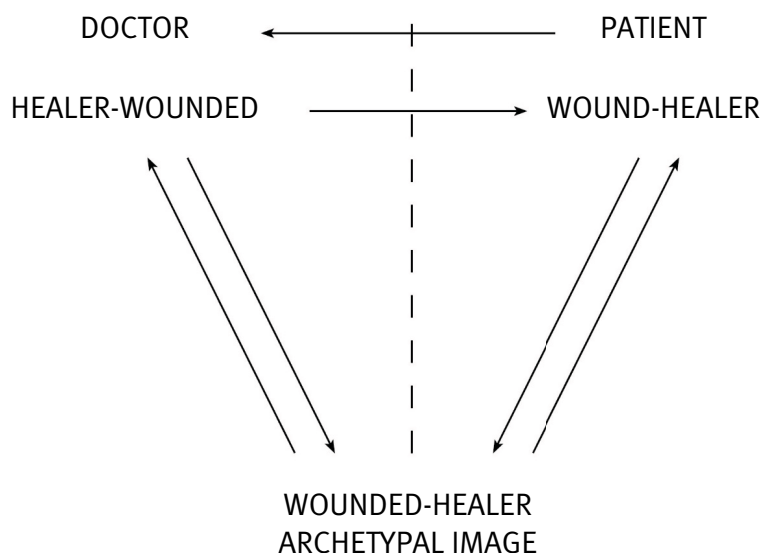
During the final phase of the analytical process, the following may happen (Figure 6).

This diagram is meant to show a final evolution of the healing process. The doctor remains as a "healer who is wounded"; the archetypal image of the "wounded healer" remains as before, and the patient, has a "wound healed". At termination, analyst and patient go their way with a portion of divinity within.

An interesting implication of this intense process is that it explains why analytic psychotherapy is best carried out in a private practice arrangement. When a clinic or institution forms the setting for analyst and patient to come together, the "third archetypal factor", or wounded healer, is projected onto an outer institution and hence *neither* doctor or patient commit themselves to the process of healing. Could that be why analysis is practised as it is? Is this why there are so few "cures" in clinics?

Another important conclusion to be drawn from study of the archetype of the wounded healer is that the analyst-healer should have a thorough-going training analysis. Increasingly, it is being stated in psychiatric circles that the psychotherapist's personal training analysis is

Figura 6. Diagram 6



Fonte: Groesbeck (1975)

not absolutely necessary. Jung, of course, long ago recommended it to Freud as an essential aspect of training and preparation for this most demanding field. The above data would appear to reinforce the absolute necessity for it, not only for psychotherapists, but even for those in other fields related to healing, i.e. human service vocations.

Fordham carefully reviews that it is in the training analysis the analyst-to-be has the opportunity to touch his “own scars”, some of which may never be cured. He even suggests it may be these irreducible or permanently damaged parts of himself that provide the “true basis of his motivation for practicing psychotherapy”. He further states that it is in the training analysis that the disease and health of the trainee will emerge as “a pair of opposites” that, after analysis, “will transcend one another” (FORDHAM, 1968). Fordham implies a source for creativity, that may be a well-spring which will help the analyst survive the rigors of years of exposure to intense suffering both in himself and others. Like Chiron the Centaur of old, though some wounds remain incurable to be experienced again and again, they can

be transcended and/or counterbalanced by ever new sources of strength and health. Neumann may have also had this in mind when he pointed out that the “creative man is always close to the abyss of sickness” where his “wounds remain open”, *not* being closed by adaptation to the collective. His very suffering is the source, in depth, of a curative power and this “power is the creative process”. For this reason, “only a wounded man can be a healer, a physician” (NEUMANN, 1959). Since the analyst must find sources for his own, continued inner renewal, the training analysis, and its periodic resumption, may be a means to this goal.

Summary and conclusions

I would like to conclude with an experience from my own life that has spurred interest in this subject. At a time a few years ago, during a crisis of change and transition, many important dreams and impressions came that were instrumental in helping me along the path of analytic training. There were many important dreams that seemed to give guidance and support for the work ahead of training and inner development necessary for

growth. Among these dreams was one which was nearly forgotten. But a year later, in retrospect, it could be seen for its real import.

In the dream I was alone and suddenly viewed my hands as both being cut off. I said to myself, "I am just like Mrs W. who teaches my two daughters". I suddenly began to cry and sense a real loss. Upon awakening I was tearful and associated to old memories of my early life when the middle finger on my right hand was traumatically severed. At the time of the dream I was living separated from my family during a transitional move. My daughters were going to a small country school where they were being taught by a teacher whose hands were crippled. I had met the teacher once. Apparently in the few years previous to this time this woman had been burdened with a very difficult family life, many personal tragedies and no way even to support herself. She was not pleasing to look at and became involved at school and later as a teacher all by being "a pest to others". Finally, through the encouragement of my mother-in-law, she went back to school and became a certified teacher. Her popularity with children was unusual and her ability to teach was the finest. Even with her crippled hands she was able to deal with this handicap effectively and reached the children in a special way. My daughters described her as a beautiful person.

The meaning of the dream came clear to me as an answer to the needs of my psychology. Hitherto I had believed that, as taught in medical school and psychiatric residency, one must always show forth strength and hide all weaknesses in order to be the best kind of physician. Through many of the experiences, dreams, and work with patients, it became apparent that in analytical work one cannot hide wounds or weaknesses; one in fact must confront and make them conscious if he is ever to have the hope of becoming a genuine wounded healer. As noted above, attempts to hide or disavow one's weaknesses may result in disaster and failure.

Quite recently, another dream occurred in which I was going about the house looking for animals. Suddenly I saw a monkey with a mouse which had a peculiar stubbed hand similar to my right one. However, I noticed that the hand was growing right before my eyes! But as I watched the monkey I noted that he had his right hand in a basket of faces which he was dipping in and out. The dream appeared to be telling me that the job of being a healer also requires sometimes that the wounded side, those vulnerable areas, must constantly be subject to the shadowy side of real life, to getting one's hands dirty and staying in touch on a day-to-day basis with whatever patients bring in. There is an old saying among analysts that one many times feels like a garbage collector. And so, this dream seemed to say to me that if I am to be a genuine wounded healer I must constantly remember to keep my "hands in the soup" and this and only this will promote the growth process.

Finally, we must return to the question, what is at the heart of the healing mystery? As described earlier in the myth of Asclepius, being raised by Chiron "the primordial science of the wounded healer is nothing more than a knowledge of an incurable wound in which the healer forever partakes". In attempting to answer these questions, we asked: Why, for the cure to take place, does the healer himself have to have knowledge of his own wounds and actually participate in them, again and again? As we have tried to show through a detailed account of the transference that occurs in the analytic process and other therapeutic relationships, it is only when the healer himself can stay in touch with and experience his own wounds and illnesses as well as confront the powerful images from the unconscious of an archetypal nature, that in turn the patient can go through the same process. For if indeed, true healing occurs, it would appear that, at least in one form, the wounded physician himself must accomplish it; but the analyst must assist. Jung said it in another way (JUNG, 1951, p. 116):

No analysis is capable of banishing all unconsciousness forever. The analyst must go on learning endlessly, and never forget that each new case brings new problems to light and thus gives rise to unconscious assumptions that have never before been constellated. We could say, without too much exaggeration, that a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient. It is no less, either, if he feels that the patient is hitting him, or even scoring off him: it is his own hurt that gives the measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician.

Adler also states the purpose of facing our wounds may be in essence the way to find those healing powers within us (ADLER,1956). Possibly this is the motive that attracts people to the healing profession. Like the proverbial fools, they enter in where angels fear to tread. One analyst recently told the author that he would never quit practicing and saying patients because if he did he would get sick again. In substance he is saying that it is only through his own exposure in analytical work with patients that he is able to stay in touch with himself and find the roots and sources of wholeness to the degree that he can stay in some kind of balance.

Though healing ultimately is a mystery, trying to fathom it is a never-ending exciting venture; for in our quest we may come to know something more of ourselves. ■

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Grateful acknowledgement is made to: Joseph Henderson, M.D., Paul Kaufmann, M.D., Dr Med. C. A. Meier, Elizabeth Osterman, M.D., Neil Russack, M.D., Benjamin Taylor, MD., for encouragement in working out this paper. ■

